

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JA</i>	<i>32</i>	<i>05-17-01</i>
O.I.P.E. CLASSIFIER	<i>JA</i>	<i>32</i>	<i>6/4</i>
FORMALITY REVIEW	<i>T.M.</i>	<i>30864</i>	<i>7/12/9</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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Claim	Date
Final Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

*ms 01/12/10*